

# CLIENT INTERVIEW INSTRUMENT (CII)

BLANK SFY23 QSR INSTRUMENT

## ACCESS LOG (for DHHS BPQ USE ONLY)

Name	Date	PURPOSE

CLIENT NAME:

0

0

SAMPLE CATEGORY:

CMHC STAFF NAME:

0

0

STAFF POSITION:

0

CMHC:

0

PERIOD UNDER REVIEW:

7/1/2022

to

6/30/2023

INTERVIEW COMPLETED BY:

DATE(S) OF INTERVIEW:

TYPE OF INTERVIEW:

INTERPRETER USED?

CPC INTERPRETER NEEDS:

NONE NEEDED PER CPC

ID #:

INDV'S PRONOUNS:

0

CII REVIEWER'S ADDITIONAL COMMENTS:

Hello and thank you for talking with us today, \_\_\_\_\_. My name is \_\_\_\_\_ (R1), and I'm working with \_\_\_\_\_ (R2). \_\_\_\_\_ (R2) and I work for the Department of Health and Human Services, Bureau of Program Quality, not the Mental Health Center, and today we will be asking you about the mental health services that you have received over the past 12 months from \_\_\_\_\_ (CMHC).

Our interview today is part of the state's effort to improve the mental health services in NH. We are including all the Mental Health Centers in NH in this project and talking to people who receive mental health services, like you, and the staff who provide those services. Your feedback is so important to this process.

During the interview, I'll be asking most of the questions about the services you have received over the past 12 months from \_\_\_\_\_ (CMHC) and \_\_\_\_\_ (R2) will be typing in your responses. We ask the questions in the same way and in the same order to everyone participating. Some questions are "Yes or No" questions, others are open-ended. All your answers are confidential. The only exception to confidentiality would be if you said something that sounded like you or others might be unsafe. In that case, we may need to notify others.

We do interviews in teams so that we can make sure we enter the answers in the correct places, and at times I may need to ask \_\_\_\_\_ (R2) what number we are on.

If you need me to repeat anything, feel free to stop me. Do you have any questions before we begin?

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## ASSESSMENT/TREATMENT/SERVICES

*In this first section we're going to ask about what you're working on with staff at \_\_\_\_\_ (CMHC) and some of the services you have received. Typically, these are the things that may be on what's known as your treatment plan, or it may be referred to as an individualized service plan.*

CII Q1 Have you talked with \_\_\_\_\_ (CMHC) staff in the past 12 months about your needs and what you want to work on? Yes or No?

☐ If NO, SKIP to Q4

CII Q2 How often do you do that?

CII Q3 Is that often enough? Yes or No?

CII Q4 Have \_\_\_\_\_ (CMHC) staff talked to you about your strengths, the things you are good at, your skills, or abilities? Yes or No?

CII Q5 Tell me about how the staff help you meet your goals.

☐ REVIEWER CODE: INDIVIDUAL VALIDATES THAT STAFF ACTIVELY WORKS WITH INDIVIDUAL ON GOALS

CII Q6 Tell me about how you are involved in your treatment planning and setting goals?

☐ REVIEWER CODE: INDIVIDUAL HAS SOME INVOLVEMENT IN TX PLANNING AND GOAL SETTING

CII Q7 Is there anyone you wish had been included in your treatment planning who wasn't? Yes or No? (If so, who:)

CII Q8 What do you do if you want to change your goals or work on new goals?

☐ REVIEWER CODE: INDIVIDUAL IS ABLE TO EFFECTUATE CHANGE TO TX PLAN

CII Q9 Please explain how your treatment plan is able to help you:

☐ REVIEWER CODE: INDIVIDUAL UNDERSTANDS HOW HIS/HER TX PLAN CAN HELP

CII Q10 Have staff discussed what services are available at \_\_\_\_\_ (CMHC) to help you meet your needs and reach your goals? Yes or No?

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## SERVICE DELIVERY

*The following questions are specific to the services listed on your treatment plan.*

**REVIEWER:** For ALL "ID" with a YES, ask the question that follows:

CII Q11

CM ID 0

Are you able to get all the case management supports and services you need from your case manager? Yes, No, or Somewhat?

CII Q12

PRES ID 0

Are you able to get all the prescriber services you need, such as prescriptions and help making sure your medications are right, from your psychiatrist or nurse practitioner? Yes, No, or Somewhat?

CII Q13

NURSE ID: 0

Are you able to get all the nursing services you need from the nurse? Yes, No, or Somewhat?

CII Q14

THER ID 0

Are you able to get all the therapy you need from your therapist? Yes, No, or Somewhat?

CII Q15

FSS ID 0

Are you able to get all the functional support services you need, such as support in your home or community with managing mental health symptoms, using your coping skills, help with your medication, or support with your daily living activities, from your FSS worker? Yes, No, or Somewhat?

CII Q16

SUB ID 0

Are you able to get all the substance use disorder treatment services you need from the mental health center? Yes, No, or Somewhat?

CII Q17

Within the last year, did **all** of your services start when you needed them to? Yes or No?

**If "YES" SKIP to Q19**

CII Q18

What services within the past year did not start when you needed them to?

**REVIEWER CODE:** INDIVIDUAL ENDORSES THAT **CMHC SERVICES** DID NOT START WHEN NEEDED

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CII Q19 Overall, are you able to get all the services and supports you need to meet your current needs and achieve your goals? Yes, No, or somewhat?

[STOP AND CHECK INDICATOR BELOW]

0 If INDICATOR = NO, ASK Q20, IF INDICATOR = 0, SKIP to ACT

CII Q20 What else do you need to meet your needs and reach your goals? [REVIEWER: only prompt with services indicated below if needed]

SERVICES INDIVIDUAL INDICATED ARE NOT RECEIVED AS NEEDED:


REVIEWER CODE: INDIVIDUAL IDENTIFIES NEEDING MORE CMHC SERVICES

## ACT

ACT Identifier

CRR	0	REVIEWER: IF CRR has been completed and CRR ID is NO, SKIP to HOUSING SECTION. IF CRR has <i>not</i> been completed, and CPD and/or CPD ACT ID is YES, confirm with the individual that they are on ACT before proceeding. If they are NOT on ACT, SKIP to HOUSING SECTION.
CPC	0	
CPD	0	

*The next several questions are specific to ACT and the services you receive from your ACT team.* 0

CII Q21 Do you get all the ACT services you need from your ACT team? Yes, No, or Somewhat?

If YES, SKIP to Q23

CII Q22 What are the ACT services you need or want that you aren't getting?

CII Q23 Where do you mostly receive your service from \_\_\_\_\_ (CMHC), your home, the community, or the CMHC office?

Where do you prefer to receive those services?

REVIEWER CODE: MOST SERVICES ARE RECEIVED IN HOME/COMMUNITY

NO  REVIEWER CODE: INDIVIDUAL CHOOSES/PREFERS TO RECEIVE SERVICES IN THE OFFICE

CII Q24 What staff do you typically meet or speak with from \_\_\_\_\_ (CMHC)? Anyone else?

REVIEWER CODE: INDIVIDUAL INDICATES HE/SHE TYPICALLY INTERACTS WITH TWO OR MORE STAFF ON AN ONGOING BASIS

CII Q25 Do you see your ACT staff as often as you feel you need? Yes or No?

If YES, SKIP to HOUSING

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CII Q26 Please explain/tell me more about that:

## HOUSING

*The next several questions are about your housing and any services or supports you receive to help you find or maintain adequate housing.*

CII Q27 Can you tell me a little bit about your current living situation, including the type of housing you have? [REVIEWER: If the indiv mentions "staff" or "supported" in his/her response and his/her meaning is unclear, prompt for clarification regarding whether the indiv lives in a residential facility.]

REVIEWER CODE: TYPE OF HOUSING DROPDOWN

CII Q28 What town or city do you live in?

CII Q29 In the past 12 months, have you had any concerns about your safety related to your home or neighborhood? Yes or No?

If NO, SKIP to Q31

CII Q30 Tell me more about that. **Has it been taken care of or is it a current concern?**

[REVIEWER: Capture **both** of the following in the text box below: 1) the safety concern and 2) whether it's a current concern. **Please spell-check and review text closely.**]

REVIEWER CODE: THERE IS A SAFETY CONCERN AS OF TODAY

**REVIEWER GUIDANCE:** SELECT "YES" FOR ANY OF THE FOLLOWING SAFETY CONCERNS MENTIONED

<input type="text"/>	Feelings of Fear	<input type="text"/>	Other
<input type="text"/>	Threats to Self/HH Member		
<input type="text"/>	Reported Violence to Self/HH Member		
<input type="text"/>	Physical Condition of Home/Bldg		

CII Q31 Have you been at risk for losing your housing at any point in the past 12 months? Yes or No?

**REVIEWER:** If the indiv is homeless, use the narrative box for his/her response and then select Y/N in the next cell. If the indiv is *not* homeless, just select Y/N in the next cell.

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**If NO, SKIP to Q33**

**REVIEWER - For Homeless Q Version only:** If the indiv answers Yes to at least 1 Q above, select YES.

CII Q32 Tell me more about that. What were the reasons?

**REVIEWER GUIDANCE:** SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

<input type="checkbox"/>	Financial	<input type="checkbox"/>	Actual Eviction/Displacement
<input type="checkbox"/>	Cleanliness	<input type="checkbox"/>	Other
<input type="checkbox"/>	Behavior		

CII Q33 Have you experienced homelessness in the past 12 months? Yes or No? **REVIEWER: Skip if homeless.**

☐

CII Q34 How many places have you lived, including where you live now, in the past 12 months?

☐  
☐

**REVIEWER CODE:** NUMBER OF PLACES DROPDOWN

**If REVIEWER CODE is "1", SKIP to Q37**

CII Q35 When you moved during the past 12 months, did you have a chance to talk with \_\_\_\_\_ (CMHC) staff about what you wanted in a place to live? Yes or No?

☐

CII Q36 This next question is a list of actions that are sometimes taken when moving from one place to another. Could you please indicate with a Yes or No which of the following activities you were involved in when you moved during the past 12 months? **Did you:**

Look at the property listing or see pictures of the place before moving?	<input type="checkbox"/>
Meet, talk, or communicate in some way with the landlord, roommate, or realtor before moving?	<input type="checkbox"/>
Get to see the place before moving?	<input type="checkbox"/>
Have the opportunity to accept or reject the place ?	<input type="checkbox"/>
Is there any other activity that you engaged before you moved that helped you in your decision to move to the new place?	<input type="checkbox"/>

**INDV IDENTIFIES AT LEAST ONE MOVING ACTIVITY ABOVE**

CII Q37 Are you currently looking for a different place to live? Yes or No? **(If yes, ask:) Why?**

**If NO, SKIP to Q40**

☐

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CII Q38 Have you had a chance to talk with \_\_\_\_\_(CMHC) staff about what you want in a place to live? Yes or No?

CII Q39 How is \_\_\_\_\_ (CMHC) helping you with your plans to find a a different place to live?

**REVIEWER CODE:** CMHC IS ASSISTING

CII Q40 What things are important to you in choosing a place to live? [**REVIEWER:** If individual responds "Safety," prompt for clarification so that we may determine if the indiv means physical environment of unit/home, or external factors, or if they mean stability.]

**REVIEWER GUIDANCE:** SELECT "YES" FOR ANY OF THE FOLLOWING PREFERENCES MENTIONED

Size <input type="text"/>	Cleanliness <input type="text"/>	Safety <input type="text"/>
Utilities <input type="text"/>	ADA/Mobility <input type="text"/>	Affordable <input type="text"/>
Pets <input type="text"/>	Location/Town <input type="text"/>	Transp. Access <input type="text"/>
Building Appeal/ Amenities <input type="text"/>	Nice Neighborhood/ Neighbors <input type="text"/>	Near Resources/ Supports <input type="text"/>
		Other <input type="text"/>

CII Q41 Does the place you live now include most of those things? Yes or No?

CII Q42 The next question is a list of common services and supports related to housing. Please indicate with a Yes or a No which of the services you are receiving or have received in the past 12 months from \_\_\_\_\_ (CMHC).

Service/Support	Received in Past Yr from CMHC
Help with moving arrangements	<input type="text"/>
Help in getting furnishings	<input type="text"/>
Budgeting	<input type="text"/>
Shopping	<input type="text"/>
Maintenance/ Cleaning	<input type="text"/>
Landlord/Neighbor/Roommate	<input type="text"/>
General paperwork related to housing	<input type="text"/>
Looking for housing	<input type="text"/>

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CII Q43 Are you able to get all the housing supports and services you need from \_\_\_\_\_ (CMHC)? Yes or No? (If no, ask:) What other housing supports do you need?

REVIEWER CODE: INDIVIDUAL NEEDS ADDITIONAL SUPPORTS/SERVICES FROM CMHC

CII Q44 Do you get housing supports and services from \_\_\_\_\_ (CMHC) as often as you feel you need? Yes or No?

CII Q45 Do you have enough support to achieve your housing needs? Yes or No? (if no, ask:) Tell me about what other supports you would need.

REVIEWER CODE: INDIVIDUAL NEEDS ADDITIONAL SUPPORTS/SERVICES FROM CMHC

CII Q46 Is there anything else you want to share regarding housing services at \_\_\_\_\_ (CMHC) or is there anything that would have been more helpful regarding the housing services and supports you may have received?

## EMPLOYMENT

*The next several questions are about employment goals, jobs, and the services and supports available from \_\_\_\_\_ (CMHC) to those interested in working.*

CII Q47 Are you currently working? Yes or No?

If NO, skip to Q52

CII Q48 Where do you work and what do you do there? (Prompt to see if competitive)

REVIEWER CODE: JOB IS COMPETITIVE EMPLOYMENT

CII Q49 About how many hours do you work each week?

REVIEWER CODE: NUMBER OF HOURS ON AVERAGE PER WEEK

CII Q50 Are you satisfied with the amount of hours you work? Yes or No?

CII Q51 Are you interested in working more hours? Yes or No?



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CII Q52 In the past 12 months, have staff checked in with you about your employment goals/interests? Yes or No?

CII Q53 In the past 12 months, have you been interested in receiving help from \_\_\_\_\_ (CMHC) with finding or keeping a job? Yes or No?

**If NO, SKIP to Q55**

CII Q54 What things have you been interested in receiving help with to find or keep a job?



**REVIEWER CODE:** INDIVIDUAL IDENTIFIES HAVING BEEN INTERESTED IN RECEIVING CMHC EMPLOYMENT HELP

CII Q55 Are you aware of a service offered by \_\_\_\_\_ (CMHC) called Supported Employment? Yes or No?

CII Q56 In the past 12 months, have you received any help in finding or maintaining a job whether through Supported Employment or in other ways? Yes or No?

**If NO, SKIP to Q58**

CII Q57 Please tell me more about the services you have received related to finding or maintaining a job, including who provided the services:



CMHC-SE

**REVIEWER GUIDANCE:** SELECT "YES" FOR ANY AGENCY/SERVICE MENTIONED

CMHC-OTHER

OTHER: (specify in box to right)

CII Q58 Have your employment goals or needs changed over the past year? Yes or No? **(If yes, ask:)** How so?

**If NO, SKIP to EMPLOYMENT INTEREST IDENTIFIER**

CII Q59 Have you discussed these changes with \_\_\_\_\_ (CMHC)? Yes or No?

**If NO, SKIP to EMPLOYMENT INTEREST IDENTIFIER**

CII Q60 How has \_\_\_\_\_ (CMHC) helped you with that change in employment need or goal?



**REVIEWER CODE:** CMHC HELPED/IS HELPING WITH CHANGING NEEDS

**EMPLOYMENT INTEREST IDENTIFIER:**

0

**IF YES, ASK Q61.**

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- CII Q61 Are you able to get all of the employment related services you need from \_\_\_\_\_ (CMHC)? Yes or No? (If no, ask:) What other employment related services do you need?
- CII Q62 Do you get employment supports and services as often as you feel you need? Yes or No?
- CII Q63 Do you have enough support to achieve your employment goals? Yes or No? (If no, ask:) Tell me about what other supports you would need?
- CII Q64 In the past 12 months, has anyone explained to you how employment may or may not affect any benefits you may be receiving? Yes, No, or Not sure?
- CII Q65 Is there anything else you would like to share about the employment services at \_\_\_\_\_ (CMHC) or is there anything that would have been more helpful regarding the employment-related services and supports you may have received?

## CRISIS

*This next section is about the services and supports available through \_\_\_\_\_ (CMHC) for mental health crises. When we say mental health crisis we mean difficult times when someone may be feeling out of control, unable to function the way he/she would like to, or having thoughts of hurting him or herself or someone else. These next questions are about what you might do or have done to take care of yourself, and the services and supports you may have used from the Center, during difficult times like this. We will not need to know the details of any times you may have felt this way. We just want to know the tools and resources you might use or have used in a situation like*

- CII Q66 Who are the people in your life you could call if you were having a mental health crisis? Anyone else? Anyone else?

**REVIEWER GUIDANCE:** ASK CLARIFYING QUESTIONS AS NEEDED TO ACCURATELY CAPTURE RESPONSES BELOW

CMHC		Friends		PSA	
Co-Worker		Sponsor		Hospital	
911/Police		Family		Religious	

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988/Emergency Services

☐  
☐

Guardian

☐

Non-PSA

☐  
☐

Other Crisis Line

Peer

Other

☐ INDIVIDUAL IDENTIFIED AT LEAST 1 RESOURCE ABOVE

CII Q67 What ***might*** you do to help yourself during a mental health crisis?

☐ **REVIEWER CODE:** INDIVIDUAL ENDORSED HEALTHY COPING STRATEGIES

CII Q68 Has \_\_\_\_\_ (CMHC) helped you in developing a plan to take care of yourself during a mental health crisis? Yes or No?

☐

CII Q69 Earlier, we mentioned examples of mental health crises which many individuals experience at times. These crises *sometimes* include hospitalization or visits to the ER, but not always, and sometimes individuals may receive services from the mental health center to help with these feelings. **Have you used \_\_\_\_\_ (CMHC) mental health crisis or emergency services in the past 12 months? Yes, No, or Not Sure?** (Include any narrative response offered in the box below.)

☐ **If NO or NOT SURE, SKIP to Q82**

CII Q70 What have you done to take care of yourself during your mental health crises in the past year? What were the coping skills you used?

**REVIEWER CODE:** SELECT "YES" FOR ANY OF THE FOLLOWING POSITIVE COPING SKILLS USED

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

Distract Myself

Reach out to Non-CMHC Supports

Go to ED/Hospital

Mindfulness Activities

988/Emergency Services

Peers/PSA

Take walk/Exercise

Take Meds

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

WRAP/Action Plan

Other Support Groups

Sleep/Nap

Coping Skills

Pet/Service Animal Care

Journal/Write

Reach out to CMHC/ACT

Other

☐ INDIVIDUAL TOOK APPROPRIATE STEPS

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CII Q71 Have staff at \_\_\_\_\_(CMHC) talked to you about what you can do if you are experiencing a mental health crisis? Yes or No.

CII Q72 During your mental health crisis(es), how have staff helped and supported you?

**REVIEWER CODE:** INDIVIDUAL FELT HELPED & SUPPORTED

CII Q73 During your mental health crisis, did staff explain what would happen next in a way you understood? Always, most of the time, occasionally, or never?

CII Q74 Have you been able to get all the mental health crisis/emergency supports and services you needed? Always, most of the time, occasionally, or never?

CII Q75 Were you able to get help quickly enough? Always, most of the time, occasionally, or never?

CII Q76 Have the mental health crisis services you received from \_\_\_\_\_(CMHC) helped you to feel like you did before the crisis? Always, most of the time, occasionally, or never?

CII Q77 What have **you** found to be the most helpful in managing a mental health crisis or what would have been more helpful regarding the mental health crisis services you have received?

CII Q78 Have you met with a rapid response team in the past 12 months? Yes, No, or Not Sure.

**If NO or NOT SURE, SKIP to Q81**

CII Q79 What was that experience like for you?

CII Q80 Where have you received rapid response team services?

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Did the services allow you to stay in the community, or did you then visit an emergency department?

**REVIEWER CODE:** CRISIS SERVICE PREVENTED NEED FOR ED ASSESSMENT

**REVIEWER CODE:** CRISIS SERVICE WAS RECEIVED IN HOME OR COMMUNITY

CII Q81 Have you stayed at a crisis apartment in the past 12 months? Yes or No?

CII Q82 Do you have anything else you would like to share about the crisis services at \_\_\_\_\_ (CMHC)?

## TRANSITION/DISCHARGE

### IPA Identifier

CRR	0	IF CRR IS NO, SKIP to SOCIAL SUPPORTS AND COMMUNITY INTEGRATION SECTION, OTHERWISE CONTINUE WITH INTRODUCTION
CPC	0	
CPD	0	

*The record indicates that your most recent psychiatric inpatient admission was:*

1/0/00 to 1/0/00 at 0

*Is that your most recent admission? (Allow individual to respond). The next several questions are about that admission and the process for returning home and back to your community.*

**INDV. ENDORSES ANY IPA:**

Select NO only when the individual does not endorse ANY IPA within the PUR. If NO is selected, SKIP to SOCIAL SUPPORTS AND COMMUNITY INTEGRATION SECTION

**Incl. any narrative response in the box:**

CII Q83 While at \_\_\_\_\_ (IPA facility), did you ever talk with a community provider about services in the community? This would be someone other than the staff that worked at the facility at which you were staying. Yes, No, or Not sure?

CII Q84 This next question is a list of activities that are commonly used in making a plan to return home after a psychiatric inpatient admission. Could you please indicate with a Yes or No which of the following activities you were involved in while you were at \_\_\_\_\_ (IPA facility)? **Did you:**

Attend a treatment planning or discharge planning meeting?	
Work on a safety plan or recovery plan, such as a WRAP plan?	
Talk with staff about your follow-up treatment appointments in the community?	
Talk with staff about where you were going to live when you left?	

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Talk with staff about risk factors or things that might be difficult for you when you went home?	
Talk with staff about any medication changes and plans?	
Participate in therapeutic groups or activities at the hospital that helped you plan and prepare for your return home?	

	INDV IDENTIFIES AT LEAST ONE DISCHARGE PLANNING ACTIVITY ABOVE	
	INDV IDENTIFIES TWO OR MORE DISCHARGE PLANNING ACTIVITIES ABOVE	

CII Q85 What is important to you in planning for your discharge from an inpatient facility? What are the topics you think need to be addressed in a discharge plan?

CII Q86 Was there anything you felt you needed more help with in preparing to leave \_\_\_\_\_ (IPA facility). If so, what?

CII Q87 Please tell me about any communication you may have had with \_\_\_\_\_ (CMHC) staff while you were at \_\_\_\_\_ (IPA facility)?

CII Q88 Did you discharge to your same home when you left \_\_\_\_\_ (IPA facility)? Yes or No?

	REVIEWER CODE: INDV COMMUNICATED WITH CMHC STAFF WHILE AT FACILITY
--	--

CII Q89 Were you satisfied with where you returned to live when you left? Yes, No, or Somewhat?

	If YES, SKIP TO Q91
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CII Q90 Can you tell me a little more about why you weren't entirely satisfied?

CII Q91 Thinking about your support system, job, housing, and your goals, after you were discharged, how did being away at \_\_\_\_\_ (IPA facility) impact you?

	REVIEWER CODE: INDV WAS <b>NOT SATISFIED</b> SPECIFICALLY BECAUSE HOUSING WAS <b>NOT APPROPRIATE</b>
--	--

CII Q92 Did you continue contact with your support system or begin spending time with other supportive people after you returned home? Yes or No?

	REVIEWER CODE: BEING IN INPATIENT FACILITY HAD SIGNIFICANT NEGATIVE IMPACT ON INDIVIDUAL'S COMMUNITY INTEGRATION
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CII Q93 Is there anything about being home that was difficult or different due to returning from the hospital or facility?

**REVIEWER CODE:** RETURNING HOME HAD SIGNIFICANT NEGATIVE DISRUPTION

### COMMUNITY INTEGRATION AND SOCIAL SUPPORTS

*The next section is about the people in your life you go to for support on your path to mental health recovery other than staff at the mental health center, such as friends, family, and community supports.*

CII Q94 Aside from staff from the mental health center, who are the people around you that you feel supported by?

**REVIEWER CODE:** INDIVIDUAL IDENTIFIES NON-CMHC STAFF AS SUPPORTS

CII Q95 Who plans your day and how you spend your time?

**REVIEWER CODE:** INDIVIDUAL IS ABLE TO MANAGE HIS/HER OWN TIME

CII Q96 Aside from staff from the mental health center, can you please tell me where and with whom you spend your time? Think about any social groups or activities you may be involved in, including family, friends, work, fitness groups, clubs, religious services, sobriety support groups, and peer groups?

**REVIEWER GUIDANCE:** ASK CLARIFYING QUESTIONS AS NEEDED TO ACCURATELY CAPTURE CATEGORIES OF PEOPLE INDIVIDUAL SPENDS TIME WITH

FRIENDS		SUBSTANCE MISUSE SUPPORTS	
FAMILY		RELIGIOUS/SPIRITUAL SUPPORTS	
SUPPORT/PEER GROUPS		WORK/VOLUNTEER	
EDUCATION		FITNESS/HEALTH SUPPORTS/TEAMS	
PET CARE		COMMUNITY ACTIVITIES	
ONLINE ACTIVITIES		OTHER	

**REVIEWER CODE:** INDIVIDUAL IDENTIFIES AT LEAST ONE SOCIAL ACTIVITY ABOVE

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CII Q97 Aside from staff from the mental health center, can you please tell me how the people in your life help and support you with your treatment and mental health recovery?

**REVIEWER CODE:** INDIVIDUAL HAS PEOPLE IN LIFE OUTSIDE OF THE CMHC WHO

CII Q98 Do you feel that your family, friends, and/or community give you enough support with your treatment and mental health recovery? Yes, No, Somewhat?

CII Q99 Does your support system meet your needs? Yes or No?

**If YES, SKIP to Q102**

CII Q100 Is \_\_\_\_\_ (CMHC) helping you work towards improving your support system? Yes or No?

**If NO, SKIP to Q102**

CII Q101 How so?

CII Q102 When people are part of their community, they do certain things within their community. They might shop, work, visit a food pantry, go to the library. They may eat in local restaurants, visit the park, or participate in other outdoor community activities. They may go to town or city meetings, local recovery meetings or places of worship, or they may take classes or take part in clubs or organizations in their community. Thinking about the things I just mentioned or any other activities that the list brought to mind, how are you part of your community? Anything else?

Restaurants	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Shop/Food Pantry	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Work/Volunteer	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Education/Class	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Outdoor Activities	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Fitness/Pool/Gym	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Library	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Civic/Vote/Election	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Recovery	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Social Groups/Clubs	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Worship	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Family/Friends/Neighbors	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>
Community Activities	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Support Group	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>	Other	<div style="border: 1px solid black; width: 60px; height: 20px;"></div>

 INDIVIDUAL IDENTIFIES AT LEAST ONE COMMUNITY ACTIVITY ABOVE

CII Q103 Has \_\_\_\_\_ (CMHC) given you information about the services and supports available to you in the community, services not directly provided by them? Yes or No?

**If NO, SKIP to Q105**



## CLIENT INTERVIEW INSTRUMENT (CII)

CII Q104 Tell me about that:

☐ **REVIEWER CODE:** CMHC PROVIDED INDIVIDUAL WITH INFO ABOUT NON CMHC

CII Q105 Do you receive any services or support from a peer specialist who works at \_\_\_\_\_ (CMHC) such as from [read names below]? Yes or No?

☐ **If NO, SKIP to Q107**

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CII Q106 Are you able to get all the support you need from the peer specialist at \_\_\_\_\_ (CMHC)? Yes or No?

☐

CII Q107 Are you aware of peer support agencies such as **PSC**? Yes or No?

☐

CII Q108 Are you aware of the peer support warmline? Yes or No?

☐

CII Q109 Have you used any peer support agency in the past year? Yes or No?

☐ **If NO, SKIP to Q111**

CII Q110 Tell me about that:

CII Q111 Is there anything else you would like to share about the community and social support services at \_\_\_\_\_ (CMHC) or is there anything that would have been more helpful regarding the community and social supports and services you may have received?

## OVERALL

CII Q112 Overall, how satisfied are you with the services you have received at the mental health center? Very Satisfied, Satisfied, Neither Satisfied Nor Dissatisfied, Dissatisfied, or Very Dissatisfied?

☐

CII Q113 Is there anything else you'd like to tell us about your experiences at the mental health center and the services you have received that we have not asked about?

## Completion Tracking Chart

Client Interview Complete:	<input type="checkbox"/> NO
CII Reviewer Self-Check Complete:	<input type="checkbox"/> NO
CII QA Check Complete:	<input type="checkbox"/> 0
CII QA Follow-Up Complete:	<input type="checkbox"/> NO